



## **GENERAL SERVICES DIVISION**

## **CONFINED SPACE ENTRY PERMIT**

## THIS PERMIT IS TO BE KEPT AT THE JOB SITE UNTIL THE JOB IS COMPLETED

COPY to Entry Supervisor COPY at Job Site (To be Returned to Safety Office Following Job Completion)

ISSUE DATE:	TIME:	
EXPIRES ON - DATE:	TIME:	
SITE LOCATION:		
	(Building Name/Number, St	treet Address, Room Number, etc.)
PURPOSE OF ENTRY:	(Equipment to be Worked C	On and Type of Work)
WARNING: C	Cellular Telephones Not 1	Permitted in Confined Spaces
1. INITIAL ATMOSPHERI	C CHECK: Instrument Used	: BW GasAlertMax
$\begin{array}{ccc} \text{CO} & & & \text{ppm} \\ \text{O}_2 & & & \text{\%} \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Other
Acceptable Levels for	Entry: $19.5\% < O_2 < 2$ LFL $< 10 \%$	CO < 50  ppm $H_2S < 10 \text{ ppm}$
Tester's Signature		Date/Time
		ted or Blocked. The following measures are to
be used to eliminate/contro <u>HAZARD</u>	ol hazards in the confined space <u>CONTROL</u>	e: <u>COMPLETE</u>
3. <b>VENTILATION</b> :		
	Yes Purge To Yes	ime N/A N/A

	_ ppm _%	$_{ m LFL}$ _		Instrumen	it Used - <u>B'</u>	W GasAlertMax
Tester's Sig	gnature		_ Dat	e/Time		_
5. COMMUNICA	ATION PROCI	EDURES:				
VOIC	TE.	TWO-WAY RA	ADIO	OTHER:		
		Equipment Used Inside			Non-Sparkin	g/Explosion Proof
6. RESCUE PRO	CEDURES:	Two-Way Ra	ndio to EME	S Computer (	ontrol Roc	om Checked
o. Rescentino		Two way Re Telephone A				
	_	-				NE:
		Located at	(Within 25 fe		11101	(L).
		Call Rescue	*	,	d-By	
		City of Colu	mbia Rescu	e 1 Special O	perations 5	45-3720
		Confined Sp	ace's Addre	ess:		
		Use Non-En				
		OTHER:				
7. <b>TRAINING</b> :			TRAINED	ON		
ATTENDANT:		PRCS			ΔНΔ	
ATTENDANT.	(Name)	TRC5	(Date; within	Last Year)	AIIA	(Date; EVERY 2 Years
ATTENDANT:	(1 (41110)	PRCS		Zast Tear)	AHA	
<u> </u>		<del></del>				
AUTHORIZED						
ENTRANTS:		PRCS			AHA	
	(Name)		(Date; within	Last Year)		(Date; EVERY 2 Years
_		PRCS		_		
_				_	AHA	
_					AHA	
			-		AHA	
RESCUE:				_		
_		PRCS		_	AHA	
8. OTHER HAZ		llowing measures	are to be us	ed to eliminat	e/control h	azards during the
confined space	entry.	G 0.1 T		~	01 fpr ====	
<u>HAZARD</u>		CONT	ROL	<u>C(</u>	<u>OMPLETE</u>	
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9. <b>EQUIPMENT</b> : Enter "N/A" for items that do not apply.	<u>COMPLETE</u>
Direct Reading Gas Monitor - Tested	
Fall Arrest/Restraint, Each Entrant - Inspected	
Full Body Harness w/ Back D-Ring Lifeline & Connectors	
Rescue Retrieval System - Inspected	
Tripod	<del></del>
Personnel and/or Equipment Winch (Raise, Lower, Brake, Line)	
Communications - Fresh Batteries & Tested	
For Summoning Rescue For Talking Between Entrants & Attendant	
PPE - Inspected	
Hard Hat	
Hearing Protection (Plugs or Muffs)	
Eye Protection	
Safety Glasses Face Shield	
Chemical Goggles Welders	
Respirator	
1/2 Face Full Face	
SCBA Other, Type:	
Type Cartridge	
Last Trained on	
Fit Tested	
Outer Garment	
Apron Coveralls	Other:
Gloves, Type:	
Footwear, Type:	
Portable Lighting & Electrical Equipment	
Required to be NEC Class 1, Div. 1 Yes No	
OTHER:	
I VEDIEV THAT ALL OF THE ADOVE DRE ENTRY DREDADATIONS HAVE DEEN	COMPLETED THE ENTRANT(S)
I VERIFY THAT ALL OF THE ABOVE PRE-ENTRY PREPARATIONS HAVE BEEN AND ATTENDANT(S) HAVE BEEN BRIEFED AND PROPERLY EQUIPPED, AND T	
SPACE IS SAFE TO ENTER.	
ENTRY SUPERVISOR:	PHONE:
(Name)	
ALTERNATE	
ENTRY SUPERVISOR:	PHONE:
(Name)	
Entry Supervisor's SIGNATURE	DATE:

## CONFINED SPACE ENTRY PERIODIC ATMOSPHERIC TESTING

Continuous monitoring results should be recorded by the entrant every 2 hours. Peak Readings will be annotated when the work is completed.

strument Used:	_BW GasAlertl	Max_ Oth	er				
		<u>READINGS</u>	<u>S</u>				
DATE:							
IME	CO ppm	H <sub>2</sub> S ppm	02 %	LFL %			
_							
_							
EAK EADING							